NSU
NOVA SOUTHEASTERN UNIVERSITY

NSU MEDICAL RECORDS AND MEDICAL BILLING INVENTORY LIST – FILE LEVEL

Please complete the information for each Box. All Fields must be competed for each box. Please format dates as MM/DD/YY.									
Box Number Barcode	**Record Category**	**Record Code**	**Patient Name**	**Date of Birth** MM/DD/YY	**Medical Record Number**	**Date Range** MM/DD/YY – MM/DD/YY		**Trigger Date** MM/DD/YY	**Review Date** MM/DD/YY
12345678 **-EXAMPLE-**	P1. Clinic Records Medical Records **-EXAMPLE-**	HCLNIC-7 **-EXAMPLE-**	Last Name First Name **-EXAMPLE-**	09/07/1984 **-EXAMPLE-**	12345678 **-EXAMPLE-**	01/05/2009 **-EXAMPLE-**	05/01/2013 **-EXAMPLE-**	05/01/2013 **-EXAMPLE-**	6/30/2025 **-EXAMPLE-** Last visit 2013 +12 years